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(Requestor's Name) SECRETARY 01		
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(City/State/Zip/Phone #)	-	
PICK-UP WAIT MAIL		
(Business Entity Name)	_	
(Document Number)	-	
Certified Copies Certificates of Status	-	
Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	FILED
SUBJECT: GiftCat LLC (Name of Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The enclosed Articles of Organization and fee(s) are submitted for filing.	AMASSEE, FLORIDA
Please return all correspondence concerning this matter to the following:	
Nicholas Upchurch (Name of Person)	
(Name of Person)	•
GIFTUAT LLC	
(Firm/Company)	
1250 West Ave #8-0	
(Address)	-
Miani Beach FL 33139 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Wicholas Upchurch at (305) 300 6 (Name of Person) (Area Code & Daytime Telej	303 phone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: MAILING ADDRESS: Peristration Sec	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILED ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2005 JAN 28 A 3: 44 **ARTICLE I - Name:** SECRETARY OF STATE TALLAHASSEE, FLORIDA The name of the Limited Liability Company is: GIFTCAT LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Nicholas Upchurch Florida street address (P.O. Box NOT acceptable)

Miani Beach FL 33179

City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manag "MGRM" = Manag	er aging Member	Name and Address:	FILED	
MGRM	PASSAGE	Nicholas Upchi 1250 West Ave Miarni Beach A		
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(Use attachment i	• ,	e added if an effective date i		
REQUIRED SIC		audeu ii an encence date i	s requesteu.	
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	(In accordance with section of this document constitute that the facts stated here		execution	
	Туре	d or printed name of signee		—

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)